MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

			1		1		LAIN	10						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	D
2.	 		 	ļ	·	/-		51	 					L
3				7	1\			52				-		
4	 			 				53			<u> </u>			\perp
_ _	 				 			54			<u> </u>			丄
6	 		<u> </u>		lacksquare	-		55						
.7	+				 \ 	-		56				ļ	<u> </u>	\perp
8	1		_		╌			57			<u> </u>		ļ	_
9	 		<u> </u>	<u> </u>	 			58			·		ļ	上
10					 	 		59			<u> </u>		ļ	—
11				i	 	 		60					ļ	╀-
12				-	 	HI		61					}	┼
13					1	 		62					! , .	+
14					 	/		63			<u> </u>		- / -	
15							l	64 65					<u> </u>	╀
16					1		ł	66			 		 	┼
17							ŀ	67			 		 	+
18							ŀ	68					 	+-
19					- /		İ	69			 		1	-
20							ı	70					 '	\vdash
21							- 1	71						+-
22							Ī	72						
23							Ī	73				-		-
24								74		•				
25								75						
26								76						_
27								77	1.			•		-
28								78						
29 30					-			79						1
31		-+			-1		Ļ	80						\Box
32						+	L	81						
33		+				+	-	82						
34				+			- -	83						1
35							-	84						\perp
36					+		-	85						+
37					+		}-	86			-			+
38		-+	-+	\dashv	+ +	+-1	 -	87 88				 	-,	
9	- 			-+	+-+		\vdash	89		\dashv		.	-1-	·
0				-+		+	-	90						<u>.</u>
1					7		. -	91			-	-+		
2.				$\neg \neg$		$\neg \vdash$	F	92		-+				
3							 	93		+		 	-	
4						11	_	94						
5						$\neg \neg$		95						
6						7-1	-	96		- +			+	
7								97		-+				
8								98		- 1			1	
9							一	99					$\neg \neg$	
0				İ				100						
AL.				T			Ţ	OTAL		,			M	
AL		→ ├─		J ├		ا و	T	OTAL		ⅎ⊦		⊦ كـ	T.	ل
<u> </u>							D	EP.		- 1			5	